

| POSITION                  | INITIALS  | ID NO.      | DATE            |
|---------------------------|-----------|-------------|-----------------|
| FEE DETERMINATION         |           |             |                 |
| O.I.P.E. CLASSIFIER       |           |             |                 |
| FORMALITY REVIEW          | <i>HF</i> | <i>1027</i> | <i>24/20/01</i> |
| RESPONSE FORMALITY REVIEW |           |             |                 |

INDEX OF CLAIMS

|                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| =                   | Allowed    | I | Interference |
| — (Through numeral) | Canceled   | A | Appeal       |
| :                   | Restricted | O | Objected     |

| Claim | Date | Claim | Date | Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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